

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2	/	/					52				
3	/	/					53		/		
4	/	/					54	/			
5	/	/					55	/			
6	/	/					56				
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41	/	/					91				
42	/	/					92				
43	/	/					93				
44	/	/					94				
45	/	/					95				
46	/	/					96				
47	/	/					97				
48	/	/					98				
49	/	/					99				
50	/	/					100				
TOTAL IND.	11						TOTAL IND.				
TOTAL DEP.	44						TOTAL DEP.				
TOTAL CLAIMS	55						TOTAL CLAIMS				